

Pro Se 14 (Rev. 09/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA

U.S. DISTRICT COURT
N.D. OF ALABAMA

Quintus B. Casey

Plaintiff

(Write your full name. No more than one plaintiff may be named in a complaint.)

-v-

state of Alabama
Dept. of Corrections
Corizon
Yes care
see Attached

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all of the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here. Your complaint may be brought in this court only if one or more of the named defendants is located within this district.)

Case No. _____

(to be filled in by the Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee of \$400.00 or an Application to Proceed *In Forma Pauperis*.

Mail the original complaint and the filing fee of \$400.00 or an Application to Proceed *In Forma Pauperis* to the Clerk of the United States District Court for the Northern District of Alabama, Room 140, Hugo L. Black U.S. Courthouse, 1729 5th Avenue North, Birmingham, Alabama 35203-2195.

I. The Parties to this Complaint**A. The Plaintiff**

Provide the information below for the plaintiff named in the complaint.

Name

Quintus B. CaseyAll other names by which
you have been known:

ID Number

182591

Current Institution

Prep Center (Perry County)

Address

4805 Highway 80Uniontown

City

AL

State

36786

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

State of AlabamaJob or Title (*if known*)

Shield Number

Employer

Address

City

State

Zip Code

☒ Individual Capacity
 ☒ Official Capacity

Defendant No. 2

Name

Department of CorrectionsJob or Title (*if known*)

Shield Number

Employer

Address

City

State

Zip Code

☒ Individual Capacity
 ☒ Official Capacity

Defendant No. 3

Name

Yes Care

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☒ Individual Capacity ☒ Official Capacity

Defendant No. 4

Name

Corizen

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☒ Individual Capacity ☒ Official Capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal law]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities, secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

First Amendment and Eighth Amendment

- C. Plaintiffs suing under *Bivens* may only recover for violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial Detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other _____
(*explain*)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

see Attached

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Kilby, Bullock, Easterling and mobile Work-Release, Lauderdale County Community Corrections

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

Medical issues were stated in all Correctional facilities

Community Corrections unknown

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

Each named facility

2. What did you claim in your grievance?

Consistent pain, plan of action, medical negligence, unsafe conditions

3. What was the result, if any?

None

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Hip replacement was appealed but no remedy was given

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had any cases dismissed based on grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted?

☐ Yes

☒ No

If yes, state which court dismissed your case(s), when this occurred, and attach a copy of the order(s) if possible.

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Printed Name of Plaintiff

Quintus Bernard Casey

Prison Identification #

182571

Prison Address

4805 Highway 80UniontownAL36786

City

State

Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

April 20, 2025

(Date)

Quintus B. Casey

Signature of Plaintiff

I. Defendant(s)

- 1) State of Alabama
- 2) Department of Corrections
- 3) Yes Care
- 4) Corizon
- 5) Dr. Kidd
- 6) Dr. Powell
- 7) Dr. Saadiq
- 8) Lauderdale County
- 9) Community corrections supervisor Daryl Williams
- 10) Thomas Freese
- 11) Clarissa Edy

Each defendant is sued individually and in his official capacity. At all times mentioned in this complaint, each defendant acted under the color of state law.

II. Basis for Jurisdiction

Defendant(s) State of Alabama, Dept of Corrections, Yes Care Corizen, Dr. Kidd, Dr. Powell, Dr. Saadiq deliberate indifference to the medical needs of Plaintiff Casey. The Defendant(s) actions violated Plaintiff Casey's rights and Constituted Cruel and unusual punishment under the Eighth Amendment of the United States Constitution Caused and Continues to Cause Plaintiff Casey pain, suffering, physical injury, depression and emotional stress.

Defendant(s) Lauderdale County, Daryl Williams, Thomas Freese, Clarissa Edy deliberate indifference to the unsafe conditions violated Plaintiff Casey's rights and Constituted Cruel and unusual punishment under the Eighth Amendment of the United States Constitution Caused Plaintiff Casey pain, suffering, and emotional stress.

Defendant(s) Lauderdale County, Daryl Williams, Thomas Freese, Clarissa Edy showed deliberate indifference by not allowing reading and writing material violated Plaintiff Casey's rights and Constituted Cruel and unusual punishment under the First Amendment of the Constitution Caused plaintiff Casey pain, suffering and emotional stress.

IV. Statement of Claim

December '20 I was sentenced to serve 15 years split 36 months in Community Corrections program. October '21 Community Corrections was revoked and I was held at Lauderdale County Detention Center until my release into the Drug Court program January '22. February 13, 2022 I visited the North Alabama medical center (NAME) for hip pain and was diagnosed with osteoarthritis. Surgery date was set in April '22 my arrest for violating drug Court rules prevented the surgery. Knowing I was headed to the department of Corrections, my medical records were faxed to Alabama Department of Corrections and the Bureau of Pardons and Paroles. August 5, 2022 I arrived at Kilby Correctional facility. After seeing the medical provider Corizen nurses and doctor it was determined I would not only need right hip replacement but left hip replacement eventually. September 29, 2022 I was transferred to Bullock Correctional facility. Corizen nurses and Dr. Saadiq did not help the consistent pain I endured. Consulting with a physical therapist he said he would recommend surgery. Although the Dept. of Corrections would only prolong or stall having the surgery done Feb. 28, 2023 I was transferred to the Lauderdale County Community Corrections. While in Community Corrections I wasn't able to have any reading or writing material, we weren't provided drinking water by water fountain, water keg. Drinking utensil had to be bought from vending machine (20oz plastic container or 12oz can) and used to get drinking water from bathroom sinks which were

unsanitary neither are you given anything to drink when buying a \$2⁰⁰ meal from the LCDC. (2) No phone access, shower area isn't handicap accessible, leaking toilets and sinks, holes in walls, built-up dust particles in ventilation system, stagnant water that has been in the floor for several years, no visitation (many of these issues were brought up to Mr. Williams, Mr. Freese, Ms. Edy and other staff, systematic problems carried out over many years) April '23 I visited the NAME for continued right hip pain and a second visit for falling in the shower resulting in continued back pain (transported by Ambulance) Ms. Clarissa Edy threatened Ms. Tiffany Tucker (mother of my daughter) into giving her my prescription for meloxicam and Percocet saying she'd return me to the LCDC if she didn't. Ms. Edy gave the prescription to Mr. Freese who put an X thru the Percocet. Sept. '23 Community Corrections was revoked and I was held in the LCDC mens Annex until 12/21/23. Am returned to the Dept. of Corrections Kilby Correctional. After visiting Yescare medical provider (same nurses and Doctor under the Corizon provider August '22) I was told the state of Alabama Dept. of Corrections would not provide a hip replacement b/c it was a selective procedure. Feb. 1, 2024 I was transferred to Easterling Correctional. From Kilby-Bullock-Kilby-Easterling-mobile work center grievances were filed stating the minimal healthcare even though it was clearly known right hip replacement was needed. I was made to suffer through the pain everyday no matter what I said to either medical provider. Sept. 13, 2024 I was transferred to mobile work center where the pain and discomfort I was dealing with could be clearly seen and heard by the entire correctional staff. After falling three times the third requiring me to be transferred to the hospital

b/c my right hip locking in place, Corrections Officers and nurses were all present (In my opinion expediated the surgery taking place). Two months later Dec. 5, 2024 the surgery was performed by the same doctor who refused (Dr. Powell) to give the surgery in the beginning. After the Surgery I was held at Fountain Correctional. Another Doctor there informed me pain medication could've been given to alleviate the pain while housed at a level 4 facility. Physical therapy was given once three and a half months after surgery by the same therapist I'd seen at Bullock. Without any knowledge or help with rehab arthritis has begun to set in. Many times I informed the medical staff I was still dealing with pain. March 14, 2025 a Correctional officer pulled my right leg outward from a bent knee position causing my hip joint to pop out the socket. I filed a grievance and informed several high ranking C/O's along with a sick call. Eventually I was transferred to staton correctional where I went thru the same process and transferred to the Perry County pre-release program. Because my hip problem wasn't completely fix nothing has been done to remedy my left shoulder, knees, hernia and left wrist/fingers. I walk with a hitch and the pain hasn't went away.

Certain dates and times can't be stated and/or without medical records.

VI Prayer for Relief

Wherefore Plaintiff respectfully prays this Court to enter judgement

Granting Plaintiff Casey a declaration that the acts and omissions described herein violate his rights under the Constitution and laws of the United States and a preliminary and permanent injunction ordering defendants Lauderdale County and Daryl Williams to cease from withholding phone access, drinking water, reading and writing material, safe and sanitary conditions and

Granting Plaintiff Casey compensatory damages in the amount of \$500,000 against defendant(s) state of Alabama, Dept. of Corrections, Vescare, Corizen, Dr. Kidd, Dr. Powell, Dr. Saadiq, these damages against each defendant jointly and severally

Granting Plaintiff Casey compensatory damages in the amount of \$200,000 against each defendant(s) Lauderdale County, Daryl Williams, Thomas Freese and Clarissa Eby jointly and severally

Plaintiff Casey seeks nominal damages and punitive damages in the amount of \$500,000 against defendant(s) state of Alabama, Dept. of Corrections, Vescare, Corizen, Dr. Kidd, Dr. Powell and Dr. Saadiq, each jointly and severally

Plaintiff Casey seeks nominal damages and punitive damages in the amount of \$200,000 against each defendant(s) Lauderdale County, Daryl Williams, Thomas Freese and Clarissa Eby jointly and severally.

Plaintiff also seeks a jury trial on all issues triable by jury, recovery of their cost in this suit and any additional relief this Court deems just, proper and equitable

VIII Previous lawsuits

B. 1. Defendants: state of Alabama, Dept. of Corrections
Dr. Kidd, Dr. Powell, Dr. Saadiq, Yescare, Corizer
Added defendant(s) Lauderdale County, Daryl Williams
Thomas Freese and Clarissa Eddy

INFORMATION REGARDING PRISONER ACCOUNTS

The Prison Litigation Reform Act, Pub. L. No. 104-134, §804, requires a prisoner seeking to proceed *in forma pauperis* to submit information regarding his prison or jail trust account for the six months preceding the filing of the complaint. This information must be obtained from the appropriate official of each prison or institution at which the prisoner is or was confined within the past six months. This information must be certified by prison or jail personnel and must include both the total deposits made to the prisoner's account each and every month for the preceding six months and the average monthly balance in the account each and every month during the preceding six months. Information for six full months must be provided.

CERTIFICATION

I hereby certify that prisoner Quintus Casey 183591 has been incarcerated in this institution since September 13, 2024, and that he has the sum of \$ 34.49 in his prison or jail trust account on this the 6th day of March 2025. I further certify that the information provided below is true and correct.

	<u>Month/Year</u>	<u>Total Deposits Received</u>	<u>Average Account Balance</u>
Month 1	<u>9/24</u>	\$ <u>0</u>	\$ <u>.08</u>
Month 2	<u>10/24</u>	\$ <u>50.00</u>	\$ <u>3.58</u>
Month 3	<u>11/24</u>	\$ <u>20.00</u>	\$ <u>2.79</u>
Month 4	<u>12/24</u>	\$ <u>62.00</u>	\$ <u>22.25</u>
Month 5	<u>1/25</u>	\$ <u>0</u>	\$ <u>.49</u>
Month 6	<u>2/25</u>	\$ <u>34.00</u>	\$ <u>5.35</u>
Current month (if less than full month)	<u>3/25</u>	\$ <u>0</u>	\$ <u>0</u>

Mary L. Melehan
Signature of Authorized Officer of Institution

Melville C.B.F.
Name of Institution

Alabama Department of Corrections

ITF001

Average Inmate Deposit Balances for CASEY, QUINTUS BERNARD AIS# 00182591

	Average Balance	Gross Deposits
02/28/2025	\$5.35	\$34.00
01/31/2025	\$0.49	\$0.00
12/31/2024	\$22.25	\$62.00
11/30/2024	\$2.79	\$20.00
10/31/2024	\$3.58	\$50.00
09/30/2024	\$0.08	\$0.00
08/31/2024	\$24.08	\$50.00
07/31/2024	\$46.67	\$50.00
06/30/2024	\$0.34	\$0.00
05/31/2024	\$7.77	\$0.00
04/30/2024	\$38.06	\$80.00
03/31/2024	\$28.98	\$220.00
	\$15.04	\$566.00

Alabama Department of Corrections
All Transactions for Inmate 00182591 from Mobile CBF
Using a Date Range of 09/01/2024 to 02/28/2025

Transaction Type	Inmate	Transaction Date	Ref Number	Inmate Amount	Ending Inmate Balance	Escrow Payment	Ending Escrow Balance	Net Pay Check Amount	Payee
Inmate Transfer In	00182591 - CASEY, QUINTUS BERNARD	09/13/2024		\$0.08	\$0.08	\$0.00	\$0.00	\$0.00	
EP-Keefe	00182591 - CASEY, QUINTUS BERNARD	10/29/2024	131518208	\$50.00	\$50.08	\$0.00	\$0.00	\$0.00	Duster Carolyn
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	10/30/2024	15239185	(\$12.33)	\$37.75	\$0.00	\$0.00	\$0.00	
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	10/31/2024	15241637	(\$16.89)	\$20.86	\$0.00	\$0.00	\$0.00	
Phone Minutes Purchase	00182591 - CASEY, QUINTUS BERNARD	11/01/2024		(\$3.00)	\$17.86	\$0.00	\$0.00	\$0.00	
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	11/01/2024	15242819	(\$6.49)	\$11.37	\$0.00	\$0.00	\$0.00	
Phone Minutes Purchase	00182591 - CASEY, QUINTUS BERNARD	11/04/2024		(\$2.00)	\$9.37	\$0.00	\$0.00	\$0.00	
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	11/04/2024	15264372	(\$2.90)	\$6.47	\$0.00	\$0.00	\$0.00	
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	11/04/2024	15264381	(\$6.35)	\$0.12	\$0.00	\$0.00	\$0.00	
EP-Keefe	00182591 - CASEY, QUINTUS BERNARD	11/06/2024	131898861	\$20.00	\$20.12	\$0.00	\$0.00	\$0.00	Tucker Tiffany
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	11/07/2024	15273523	(\$2.07)	\$18.05	\$0.00	\$0.00	\$0.00	
Freeze Account	00182591 - CASEY, QUINTUS BERNARD	12/01/2024		(\$11.66)	\$18.05	\$0.00	\$0.00	\$0.00	
Unfreeze Account	00182591 - CASEY, QUINTUS BERNARD	11/08/2024		\$11.66	\$18.05	\$0.00	\$0.00	\$0.00	
Standard Withdrawal	00182591 - CASEY, QUINTUS BERNARD	11/08/2024	Ok# 1556	(\$11.66)	\$6.39	\$0.00	\$0.00	\$0.00	UNITED STATES DISTRICT COURT NORTHWESTERN DIVISION
Phone Minutes Purchase	00182591 - CASEY, QUINTUS BERNARD	11/08/2024		(\$5.00)	\$1.39	\$0.00	\$0.00	\$0.00	
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	11/13/2024	15290097	(\$1.16)	\$0.23	\$0.00	\$0.00	\$0.00	
Canteen Credit	00182591 - CASEY, QUINTUS BERNARD	11/13/2024	15290145	\$1.16	\$1.39	\$0.00	\$0.00	\$0.00	
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	11/13/2024	15290150	(\$1.16)	\$0.23	\$0.00	\$0.00	\$0.00	
EP-Keefe	00182591 - CASEY, QUINTUS BERNARD	12/03/2024	133930586	\$62.00	\$62.23	\$13.00	\$13.00	\$0.00	Duster Carolyn
COP Disbursement	00182591 - CASEY, QUINTUS BERNARD	12/04/2024		\$0.00	\$62.23	(\$13.00)	\$0.00	\$0.00	
Inmate Transfer Out	00182591 - CASEY, QUINTUS BERNARD	12/05/2024		(\$62.23)	\$0.00	\$0.00	\$0.00	\$0.00	
Inmate Transfer In	00182591 - CASEY, QUINTUS BERNARD	12/11/2024		\$62.23	\$62.23	\$0.00	\$0.00	\$0.00	
Phone Minutes Purchase	00182591 - CASEY, QUINTUS BERNARD	12/12/2024		(\$5.00)	\$57.23	\$0.00	\$0.00	\$0.00	
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	12/12/2024	15373698	(\$21.36)	\$35.87	\$0.00	\$0.00	\$0.00	
Canteen Credit	00182591 - CASEY, QUINTUS BERNARD	12/12/2024	15373718	\$1.74	\$37.61	\$0.00	\$0.00	\$0.00	
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	12/13/2024	15374832	(\$18.08)	\$19.53	\$0.00	\$0.00	\$0.00	
Canteen Purchase	00182591 - CASEY, QUINTUS BERNARD	12/17/2024	15387211	(\$13.04)	\$6.49	\$0.00	\$0.00	\$0.00	
Phone Minutes Purchase	00182591 - CASEY, QUINTUS BERNARD	12/18/2024		(\$6.00)	\$0.49	\$0.00	\$0.00	\$0.00	
EP-Keefe	00182591 - CASEY, QUINTUS BERNARD	02/25/2025	114091631	\$34.00	\$34.49	\$6.00	\$6.00	\$0.00	Hall Erica
				\$34.49		\$6.00		\$0.00	

North Alabama Bone & Joint

1751 Veterans Drive Suite 300 Florence, AL 35630-1070
(256) 718-3200 Fax: (256) 246-3297

Page 1
Office Visit

Casey, Quintus

Home: (256) 760-5795

Patient ID: 281829 DOB: [REDACTED]
Age: 53 Years Old Black or African American
Black or African American Male
Florence, AL

PRIMARY CARE PROVIDER: Orender MD, James M
REFERRING PHYSICIAN: James M Orender, MD

02/15/2022 - Office Visit: New Patient Ortho Office Visit-rt hip
Provider: Jasmine Bianca Symone Hilson PA
Location of Care: North Alabama Bone & Joint

DATE: 02/15/2022

INJURY RELATED VISIT: NO

NAME: Casey, Quintus City: Florence ID: 281829 Sex: Male
DOB: [REDACTED] AGE: [REDACTED] Ht: 73 inches Wt: 225 BMI: 29.79

Marital Status: Single Occupation Pamento's Restaurant **Dominant Hand: right**
PMD: Orender MD, James Michael

HISTORY OF PRESENT ILLNESS

Quintus Casey is a 51 Years Old Male here today as a new patient who was seen at NAMC ER on 2/13/22 for osteoarthritis and right hip pain. X-rays were made there. He states that the pain has been ongoing for about a year. Any physical activity worsens the pain. He cannot do simple tasks such as bending over and tying his shoe. He has numbness and weakness in his hip. He has been taking a medrol dose pack and tramadol for pain as needed. He comes in the office ambulating unassisted today.

SOCIAL HISTORY Alcohol history reported as never used. Drug history reported as never used.
The patient hasn't had any pneumonia shots in their lifetime.

Risk factors/habits reviewed with patient

Current Medications:

tramadol 50 mg tablet (tramadol)
Methylpred DP 4 mg tablets,dose pack (methylprednisolone)

Medications reviewed with patient

Current Allergies:

No known allergies
Allergies reviewed with patient

PAST MEDICAL HISTORY

Patient reports history of arthritis

Past medical history reviewed with patient

PAST SURGICAL HISTORY

North Alabama Bone & Joint

1751 Veterans Drive Suite 300 Florence, AL 35630-1070
(256) 718-3200 Fax: (256) 246-3297

Page 2
Office Visit

Casey, Quintus

Home: (256) 760-5795

Patient ID: 281829 DOB: [REDACTED]
Age: [REDACTED] Years Old Black or African American
Black or African American Male
Florence, AL

PRIMARY CARE PROVIDER: Orender MD, James M
REFERRING PHYSICIAN: James M Orender, MD

Patient denies past surgical history.

no previous orthopedic surgeries.

Surgical history reviewed with patient.

FAMILY HISTORY

Patient reports a family history of heart disease - father, cancer - mother

Family history reviewed with patient

PHYSICAL EXAM:

Right hip skin is dry, clean, and intact. Tender to palpate over the groin, and greater trochanter. Nontender to palpate over the IT band, anterior hip, or sciatic notch. Right hip displays normal active range of motion in all planes, but with pain in flexion, and adduction. 5 out of 5 strength with hip flexion, hip abduction, and hip adduction. Positive logroll, discomfort in the groin with straight leg raise, negative Faber. Neurovascularly intact.

RADIOLOGY / DIAGNOSTICS:

Outside imaging reviewed by me today includes Outside x-rays taken at North Alabama Medical Center on 2/13/2022 shows 2 views of the right hip with DJD (sclerosis of the greater trochanter, decreased joint spacing within the femoral head and acetabulum along with sclerosis).

AP pelvis shows early DJD of the left hip, and DJD of the right hip with cysts, osteophytes, and sclerosis at the femoral head and acetabulum joint.

ASSESSMENT:

Right hip pain, DJD of the right hip

PLAN:

I discussed with the patient the findings on outside x-ray at North Alabama Medical Center along with physical exam. The patient signs and symptoms are consistent with that of right hip arthritis. The patient stated that when he went to North Alabama Medical Center they gave him a Medrol Dosepak along with some tramadol that he feels is somewhat helping. I stated to the patient in detail treatment options nonoperatively versus operatively. I stated to the patient that he can continue taking this and it should help with his pain relief. Also suggested to the patient to get over-the-counter Voltaren gel, along with a possible cane to help him ambulate. I stated to the patient that he can also use heat in the area, or ice to help with the pain. Also stated to the patient that if none of these measures help he can also get an injection with fluoroscope to help with pain relief. However, I stated to the patient that eventually he may possibly need a right total hip replacement. I stated to the patient that he will follow-up with me in office in 4 weeks, but can call with any questions or concerns, and if he is wanting to go ahead and schedule that right hip injection with fluoroscope.

North Alabama Bone & Joint

1751 Veterans Drive Suite 300 Florence, AL 35630-1070
(256) 718-3200 Fax: (256) 246-3297

Page 1
Office Visit

Casey, Quintus

Home: (256) 760-5795

Patient ID: 281829 DOB: [REDACTED]
Age: 51 Black or African American
Black or African American Male
Florence, AL

PRIMARY CARE PROVIDER: Orender MD, James M

REFERRING PHYSICIAN: James M Orender, MD

03/17/2022 - Office Visit: Establish Patient Ortho Visit- rt hip

Provider: John Mann MD

Location of Care: North Alabama Bone & Joint

DATE: 03/17/2022

ENCOUNTER TYPE: Established Patient

INJURY RELATED VISIT: NO

NAME: Casey, Quintus **City:** Florence **ID:** 281829 **Sex:** Male
DOB: [REDACTED] **AGE:** [REDACTED] **Ht:** 73 inches **Wt:** 225 **BMI:** 29.79

Marital Status: Single **Dominant Hand:** right

Complaint: Follow Up

HISTORY OF PRESENT ILLNESS

Quintus Casey is a 51 Years Old Male here today to discuss total hip replacement of right hip. He is having pain on a daily near constant basis of the right hip. Is hard to walk much due to the pain. He has a hard time working at his job because of the difficulty walking. He decided to hold off on the intra-articular steroid injection since it would only help temporarily.

SOCIAL HISTORY

Tobacco history reported as Current every day smoker.
The patient hasn't had any pneumonia shots in their lifetime.

Current Medications:

tramadol 50 mg tablet (tramadol)
Methylpred DP 4 mg tablets,dose pack (methylprednisolone)
acetaminophen-codeine 300-30 mg tablet (acetaminophen-codeine) Take 1 tablet by mouth every six hours as needed for pain

Medications reviewed with patient

Current Allergies:

No known allergies

Allergies reviewed with patient

PHYSICAL EXAM:

Right hip does have pain with logroll and hip range of motion. Describes pain mostly in the groin and

North Alabama Bone & Joint

1751 Veterans Drive Suite 300 Florence, AL 35630-1070
(256) 718-3200 Fax: (256) 246-3297

Page 2
Office Visit

Casey, Quintus

Patient ID: 281829 DOB: [REDACTED]
Age: [REDACTED] Old Black or African American
Black or African American Male
Florence, AL

Home: (256) 760-5795

PRIMARY CARE PROVIDER: Orender MD, James M
REFERRING PHYSICIAN: James M Orender, MD

anterior thigh. Does have some pain at times down to his foot. Motor intact distally tibialis anterior gastrosoleus.

RADIOLOGY / DIAGNOSTICS:

X-rays ordered, taken and interpreted today by me include AP pelvis and lateral right hip does show osteoarthritis with decreased joint space and some osteophytes present. Also has subchondral cyst acetabulum.

ASSESSMENT:

Right hip pain and DJD

PLAN:

We have discussed the findings and treatment options. He is to the point he is having pain on a daily and constant basis. He is going to proceed with total hip replacement. Did discuss doing a younger age he will wear over time he may require revision surgery later in life.

I have discussed Mako right total hip replacement.

I have discussed the risks, options, and benefits of the surgery. The risks including but not limited to infection. I did tell the patient if they developed infection, it will require most likely a two stage revision arthroplasty and at least six weeks of IV antibiotics. We discussed the risk of damage to nerves or blood vessels, DVT, postoperative dislocation, leg length discrepancy and the fact that the components will wear out over time. Also risks of perioperative medical complications. We discussed the expected postoperative course. The patient understands this and desires to proceed.

I did prescribe Tylenol 3 No. 20.

He is healthy with no medical problems.

When he returns postop will need x-rays AP pelvis and lateral right hip.

This note was created using voice recognition software and may contain inaccuracies that were inadvertently overlooked prior to signature.

Chart is complete and all orders are electronically signed by John Mann MD 03/17/2022 8:26 AM

Electronically signed by Kristin Michael on 03/17/2022 at 10:35 AM

Alabama Inmate Grievance

☒

Health Care Grievance

☐

Health Care Grievance Appeal

Check the appropriate above box which identifies the type of grievance you are filing. Be aware that you may not check the appeal box if you have not previously submitted a grievance for the same issue.

Quintus Casey 182591 C2-48A 02-26-24
 NAME AIS # UNIT DATE

PART A - Inmate Grievance

The Tylenol the doctor has me taking does nothing for the pain. I feel it throughout my body. As I've said before Dr. Saadia from Bullock Correctional had me taking 100mg of Tramadol 3 times daily and it barely scratched the surface. My right hip gives me the most pain daily. From here to Kirby I've stated the same problem about my hip/shoulder. It has been a close to 2 yrs since the state has known about my need for hip replacement. I imagine the absolute agony to endure ~~the~~ every doggone day. Tylenol, Ibuprofen isn't helping at all.

DOC Request ☐

Signature

Inmate Signature

PART B - RESPONSE

DATE RECEIVED

Per our discussion on 3/13/24
 You were scheduled to see the provider on 3/11/24 then rescheduled for 3/12/24 and now again for 3/13/24.

Medical or MH Staff Signature

DATE 3/13/24

Copy of response given to Inmate:

Inmate Signature

DATE 03/13/24

If you wish to appeal a grievance response you may file a Grievance Appeal. Return the completed form to the attention of the Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

MEDICAL ADMINISTRATOR USE ONLY:

☒ Medical ☐ Dental ☐ Mental Health ☐ Other

<input type="checkbox"/> I Quality of Medical Care	<input type="checkbox"/> VI Problems with Medication
<input type="checkbox"/> II Quality of Dental Care	<input type="checkbox"/> VII Delay in Health Care Provided
<input type="checkbox"/> III Quality of Mental Health Care	<input checked="" type="checkbox"/> VIII Request to be Seen
<input type="checkbox"/> IV Unfair Treatment or Rights Violation	<input type="checkbox"/> IX Request for Off-Site Specialty Care
<input type="checkbox"/> V Conduct of Health Care Staff	<input type="checkbox"/> X Other

Alabama Inmate Grievance

☒ Health Care Grievance☐ Health Care Grievance Appeal

Check the appropriate above box which identifies the type of grievance you are filing. Be aware that you may not check the appeal box if you have not previously submitted a grievance for the same issue.

Quintus Casey 182541
NAME AIS #

C2-48A1
UNIT

03/13/24
DATE

PART A - Inmate Grievance

I am still in pain & discomfort from my back right hip, both shoulders and my entire body entirely. The med Dr Kidd has prescribed for me aren't helping. She was suppose to inform me about possible hip replacement the past Friday and I haven't heard anything. I am in need of help. How many times must I put in a grievance form to hear nothing or sick call to get the same response. I also put in a request slip for Dr Kidd. Friday will be a month since she and I spoke.

DOC Request ☐

Signature

Quintus B. Casey
Inmate Signature

PART B - RESPONSE

DATE RECEIVED 3/13/2024

Per our discussion on 3/13/24
We spoke with the provider and she agreed to make your naproxen and Tylenol wop. It was explained to you by the provider that you have an appointment for your hip.

Medical or MH Staff Signature

Dr. Johnson
DATE 3/13/24

Copy of response given to Inmate:

Inmate Signature

Quintus Casey
DATE 03/13/24

If you wish to appeal a grievance response you may file a Grievance Appeal. Return the completed form to the attention of the Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

MEDICAL ADMINISTRATOR USE ONLY:

☒ Medical ☐ Dental ☐ Mental Health ☐ Other

<input checked="" type="checkbox"/> I Quality of Medical Care	<input type="checkbox"/> VI Problems with Medication
<input type="checkbox"/> II Quality of Dental Care	<input type="checkbox"/> VII Delay in Health Care Provided
<input type="checkbox"/> III Quality of Mental Health Care	<input type="checkbox"/> VIII Request to be Seen
<input type="checkbox"/> IV Unfair Treatment or Rights Violation	<input type="checkbox"/> IX Request for Off-Site Specialty Care
<input type="checkbox"/> V Conduct of Health Care Staff	<input type="checkbox"/> X Other

Alabama Inmate Grievance

☒ Health Care Grievance☐ Health Care Grievance Appeal

Check the appropriate above box which identifies the type of grievance you are filing. Be aware that you may not check the appeal box if you have not previously submitted a grievance for the same issue.

Quintus Casey 182591 C2-48A 05/18
 NAME AIS # UNIT DATE

PART A - Inmate Grievance

It has been documented I am in need of a hip replacement. But as stated by Kilby health provider and here by Dr. Kidd and Dr. Powell. I will not receive the care I need. I have needed a replacement going on 2 1/2 years while the health provider would like me to wait another year or more. The steroid shot I received has only made my problem worse and it's only a quick fix. Tylenol and naproxen doesn't do a doggone thing for me as far as the pain and discomfort my right side feels as if there is something broken in my body. I cry out in pain as I walk like →

DOC Request ☐

Signature

Quintus B. Casey

Inmate Signature

PART B - RESPONSE

DATE RECEIVED 5/21/24

Per our discussion on

Your health code is a 4. I'm in pain. Follow proper protocol by putting in a sick call. On Thursday 5-23-24, you were told in person to report to HCU for discussion but you left. On Wednesday 5-29-24 you were told by nurse Junghans to report to HCU for discussion and again you left. If you have any other concerns, you will have to start the process over.

Medical or MH Staff Signature

DATE 5/30/24

Copy of response given to inmate:

Inmate Signature

Sent in mail
Q.B. Casey

DATE

If you wish to appeal a grievance response you may file a Grievance Appeal. Return the completed form to the attention of the Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

MEDICAL ADMINISTRATOR USE ONLY:

☒ Medical ☐ Dental ☐ Mental Health ☐ Other

<input type="checkbox"/> I Quality of Medical Care	<input type="checkbox"/> VI Problems with Medication
<input type="checkbox"/> II Quality of Dental Care	<input type="checkbox"/> VII Delay in Health Care Provided
<input type="checkbox"/> III Quality of Mental Health Care	<input type="checkbox"/> VIII Request to be Seen
<input type="checkbox"/> IV Unfair Treatment or Rights Violation	<input type="checkbox"/> IX Request for Off-Site Specialty Care
<input type="checkbox"/> V Conduct of Health Care Staff	<input checked="" type="checkbox"/> X Other

I have Tourette Syndrome. If I want to eat 3 meals a day I must walk a 1000 yards then stand in line. Since I've had the steroid shot my hip has begun to lock in place more than it had. What I clearly understand is regardless of how I feel or from one doctor to the next. I will not receive a hip replacement as long as I am in the care of the State of Alabama/Dept. of Corrections.

Alabama Inmate Grievance

☒ Health Care Grievance☐ Health Care Grievance Appeal

Check the appropriate above box which identifies the type of grievance you are filing. Be aware that you may not check the appeal box if you have not previously submitted a grievance for the same issue.

Quintus Casey

1825 H

C-488

05/30

NAME

AIS #

UNIT

DATE

PART A - Inmate Grievance

Dr. Powell and Dr. Kidd have come into agreement I should get a hip replacement when I get released. That's within a year maybe more. Dr. Powell diagnosed me over the internet what about my well being or quality of life. No one seems to listen to anything I said. Why must I wait for a procedure you'll know I need. The steroid shot was more hindrance than help. What reason there for any postponement. It's been at least 2 years since I was first said I need replacement.

DOC Request

Quintus Casey

Inmate Signature

Signature

PART B - RESPONSE

DATE RECEIVED

Per discussion on 6/4/24, 5/31/24
You were seen by the provider on 6/4/24. You will have a follow up appointment with Dr. Powell for surgery discussion.

Medical or Staff Signature

Bladmm

DATE 6/4/24

Copy of response given to inmate:

Inmate Signature

Quintus Casey

DATE

If you wish a grievance response you may file a Grievance Appeal. Return the completed form to the attention of the Service Administrator. You may place the form in the sick call request box or give it to the Segregation nurse on rounds.

MEDICATOR USE ONLY:

<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Medical Care	<input type="checkbox"/> VI Problems with Medication		
<input type="checkbox"/> Dental Care	<input type="checkbox"/> VII Delay in Health Care Provided		
<input type="checkbox"/> Mental Health Care	<input type="checkbox"/> VIII Request to be Seen		
<input type="checkbox"/> Treatment or Rights Violation	<input type="checkbox"/> IX Request for Off-Site Specialty Care		
<input type="checkbox"/> Health Care Staff	<input checked="" type="checkbox"/> X Other		

Alabama Inmate Grievance X☐ Health Care Grievance☒ Health Care Grievance Appeal

Check the appropriate above box which identifies the type of grievance you are filing. Be aware that you may not check the appeal box if you have not previously submitted a grievance for the same issue.

Quintus Casey 182591 C2 06/17
 NAME AIS # UNIT DATE

PART A - Inmate Grievance

I want to Appeal the decision by Dr Kidd & Dr Powell to seek another course of action. After seeing Dr Kidd this past Friday I was told again the hip replacement will not be given. why? The medical provider wants to wait for what reason. I have 1 year before my release and the intake of medication doesn't fix the problem also its not healthy over time. what are the reasons for no replacement. And where does that leave me with my other needs - left shoulder, wrist, hand, back knees and hernia

DOC Request ☐

Signature

Inmate Signature

Quintus B. Casey

PART B - RESPONSE

DATE RECEIVED

Per our discussion on 6/21/24 6/18/24
 This issue can be discussed with the provider on next week during your appointment

Medical or MH Staff Signature

Blackmm, Spr

DATE

6/21/24

Copy of response given to Inmate:

Inmate Signature

Quintus B Casey

DATE

6/21/24

If you wish to appeal a grievance response you may file a Grievance Appeal. Return the completed form to the attention of the Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

MEDICAL ADMINISTRATOR USE ONLY:

☒ Medical ☐ Dental ☐ Mental Health ☐ Other

<input type="checkbox"/> I Quality of Medical Care	<input type="checkbox"/> VI Problems with Medication
<input type="checkbox"/> II Quality of Dental Care	<input type="checkbox"/> VII Delay in Health Care Provided
<input type="checkbox"/> III Quality of Mental Health Care	<input type="checkbox"/> VIII Request to be Seen
<input type="checkbox"/> IV Unfair Treatment or Rights Violation	<input type="checkbox"/> IX Request for Off-Site Specialty Care
<input type="checkbox"/> V Conduct of Health Care Staff	<input checked="" type="checkbox"/> X Other

10. Our previous Director Community Corrections C) Sherri Joe Hamilton
medical grievance/grievance

In March/April of 2023 I participated in the Community Corrections program. The need for hip replacement on the Continual paused caused me ~~the~~ to visit the North Alabama medical center on two occasions. The second for falling in the shower resulting in continued back pain. I was transported by Ambulance to the NAME.

(1) staff member Clarissa Edy threatened ms. Tiffany Tucker (mother of my daughter) by saying she'd return me to Lauderdale County Detention center if she didn't handover the prescription given by the NAME for meloxicam and Percocet. ms. Edy gave ~~proceeded~~ the prescription to Mr. Thomas Freese who proceeded to put an X over the percocet

(2) shower area isn't handicap accessible (railings without a sitting place)

(3) leaking toilets and sinks

(4) holes in walls

(5) Built up dust particles in ventilation vents

(6) Drinking water isn't provided. Neither by water fountain, Keurig machine. Any drinking utensil has to be bought from vending machine (20oz plastic container or 12oz can) or used to get drinking water from bathroom sink. which aren't cleaned regularly nor are you given anything to drink when buying ~~the~~ meal from the CDC

The men's Annex has the same conditions with the exception water is given with meals (Cup provided) by water Keur and taken up after meals. Any other water comes from the bathroom sinks.

* There is stagnant water which has been in the same place for several years in the bathroom area

* neither are you allowed to have a Bible.

Written Copy

TO: Daryl Williams

Date: June 4, 2024

I respectfully request official copies for grievance policy and rules of the Handerdale County Community Corrections Program. Prior to my request I mailed in a handwritten medical grievance / grievance in which no response was given. Please mail the information at your earliest.

To: Joe Hamilton

Date:

I respectfully request official paper copies of grievance policy from the Lauderdale County Detention Center. I would also like copies of the grievance policy and rules from the Lauderdale County Community Corrections program. Request in writing have also been mailed to LCDC Director Mr. David Terry and Community Corrections Director Daryl Williams. Please mail information at your earliest.

From: Quintus B. Casey
P.O. Box 13040
Mobile, Alabama 36663

To: Commissioner John Q. Hamm
301 Ripley St. 36104-4425
P.O. Box 301501
Montgomery, AL 36130-1501

Re: Grievance/Medical

Date:

In my third time writing to you Mr. Hamm the medical concerns I have are very important. I have been denied a hip replacement by several Doctors in the employ of the Alabama Department of Corrections. I have written letters to the ADOC, investigative unit of the ADOC, Vescare legal division, pardons and paroles and I have been denied a medical furlough. For a little over two years I've been in the custody of the ADOC and my right hip has gotten progressively worse. In the past week I have fallen 3 times from my hip bones locking in place, the third time required a hospital visit. At this point I see no alternative than to seek legal action

Thank you

Quintus B. Casey

From: Quintus B. Casey 182591
P.O. Box 13040
Mobile, Alabama 36663

To: Alabama Department of Corrections
301 South Ripley st. 36104
P.O. Box 301501
Montgomery, Alabama 36130-1501

Re: Grievance/Medical

Date:

Having written several letters in my regards to a right hip replacement along with several other medical issues without any response. I have also taken liberty to write Commissioner Hamm, Yescare legal division, pardons and paroles, and I was denied a medical furlough. Two doctors and ~~many~~ others have denied me getting a hip replacement which has gotten severely worse. In the past week and a half I've fallen 3 times from my hip locking into place. I had to be transported by Ambulance after the third fall. At this point I have no alternative than to seek legal action.

Thank you

Quintus B. Casey

University of South Alabama Medical Center Emergency Department

2451 Fillingim St. Mobile, AL 36617

(251) 471-7000

Discharge Instructions (Patient)

Name: CASEY, QUINTUS

DOB: [REDACTED] **MRN:** 051729419 **FIN:** 1204794228

Reason For Visit: Hip pain-swelling; BACK PAIN

Final Diagnosis: Hip pain; Osteoarthritis

Visit Date: 10/10/2024 14:24:33

Address:

Phone:

Primary Care Provider:

Name:

Phone:

Emergency Department Providers: Primary Physician:

DeLaney MD, Wilson

USA Health would like to thank you for allowing us to assist you with your healthcare needs. You may receive a call, text or email from our partners at Press Ganey asking you to complete a patient satisfaction survey. We would like to hear your feedback on your experience and the care you were provided. If you have any questions about this survey, please call 251-410-4706.

The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions: You were treated today on an emergency basis, it may be wise to contact your primary care provider to notify them of your visit today. You may have been referred to your regular doctor or a specialist, please follow up as instructed. If your condition worsens return to the Emergency Department immediately.

does not have an Application for Forma Pauper's
If an application has to be done before proceeding
please resend current complaint along with
the application. Current Facility does
provide the material.

Please notify me of the Amended Case
mailed in March 27, 2025 or any judgments
for or against.

Thank you,



SECURITY

APR 24 2025

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA

Clerk, United States District Court
1729 5th Avenue North
Birmingham, Alabama 35203-2040

Quintus B. Casey #182591
4805 Highway 80
Uniontown, AL 36786

Legal mail